



State of Utah

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GARY R. HERBERT
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Utah Department of Health Executive Director's Office

David N. Sundwall, M.D.
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Deputy Director

Allen Korhonen
Deputy Director

Health Care Financing

Michael T. Hales
Division Director

December 28, 2006

Ms. Mary Kissell
Center for Medicare and Medicaid Services
The Colorado State Bank Building
1600 Broadway, Suite 700
Denver, Colorado 80202

Dear Ms. Kissell,

Please find enclosed Utah's CMS-372(S) report for Renewal Year 1 (SFY 06) and the CMS-372(S) lag report for Renewal Year 5 (SFY 05) for our Home and Community Based Services Waiver for Individuals age 65 and Over (waiver # 0247.02).

Please contact Tonya Keller at (801) 538-9136 if you have any questions regarding these reports.

Sincerely,

Michael Hales, Director
Division of Health Care Financing

Attachments

c: Tonya Keller

Annual Report on Home and Community-Based Services Waivers

(Instructions for completing this form are found in Section 2700.6 of the State Medicaid Manual)

State: **UTAH**Department of Health and Human Services
Health Care Financing Administration
Forms Approved QMB No. 0938-0272
Expires: February 28, 1998Reporting Period: **07/01/2005 - 06/30/2006**Waiver Number: **0247.02**Waiver Year: Renewal Year: **1**Waiver Title: **Waiver for Individuals age 65 and over**Report Type: **Initial**Level/s of Care in Approved Waiver: **NF**

Page 1 of 4

I. Annual Section 1915(c) Waiver Expenditures

- A. HCFA approved section 1915(c) waiver services recipients
-
- (Specify each service as in the approved waiver.)

A.1	Adult Companion Services	102
A.2	Adult Day Health Services	61
A.3	Chore Services	47
A.4	Environmental Accessibility Adaptations	47
A.5	Home Delivered Supplemental Meals	182
A.6	Homemaker Services	543
A.7	Medication Reminder Service	25
A.8	Personal Attendant Services	67
A.9	Personal Emergency Response System	476
A.10	Respite Care	38
A.11	Respite Care Services	55
A.12	Specialized Medical Equipment	286
A.13	Supportive Maintenance Home Health Aid	54
A.14	Transportation Services	66
A.15	Waiver Case Management Services	731
A.16		
A.17		
A.18		
A.19		
A.20		

- B. Total Unduplicated Section 1915(c) waiver recipients served

755

STATE ORGANIZATION AND GENERAL ADMINISTRATION
Annual Report on Home and Community-Based Services Waivers

State: UTAH

Reporting Period: 07/01/2005 - 06/30/2006

Waiver Number: 0247.02

Level/s of Care in Approved Waiver: NF

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II. Annual Section 1915(c) Waiver Expenditures

- A. Total HCFA approved section 1915(c) waiver services expenditures
 (Specify each service as in the approved waiver.) \$3,101,088.30

A.1	Adult Companion Services	\$58,369.15
A.2	Adult Day Health Services	\$215,150.13
A.3	Chore Services	\$6,097.21
A.4	Environmental Accessibility Adaptations	\$8,106.59
A.5	Home Delivered Supplemental Meals	\$63,110.09
A.6	Homemaker Services	\$1,190,485.20
A.7	Medication Reminder Service	\$11,557.00
A.8	Personal Attendant Services	\$376,279.00
A.9	Personal Emergency Response System	\$129,984.34
A.10	Respite Care	\$45,729.72
A.11	Respite Care Services	\$150,687.86
A.12	Specialized Medical Equipment	\$76,079.42
A.13	Supportive Maintenance Home Health Aid	\$95,608.79
A.14	Transportation Services	\$39,701.59
A.15	Waiver Case Management Services	\$634,142.21
A.16		
A.17		
A.18		
A.19		
A.20		

- B. Average per capita Section 1915(c) waiver services expenditures
 (Actual Factor D value/s) \$4,107.40

- III. Average per capita annual expenditures for all other Medicaid services to waiver recipients including home health, personal care, adult day health and expanded EPSDT service expenditures (Actual Factor D' values)** \$4,808.25

State: UTAH

Reporting Period: 07/01/2005 - 06/30/2006

Waiver Number: 0247.02

Level/s of Care in Approved Waiver: NF

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IV. 1915(c) Waiver Cost-Neutrality Formula

$$D + D' \leq G + G'$$

\$4,107.40	+	\$4,808.25	≤	\$26,148.00	+	\$9,725.00
		\$8,915.65	≤	\$35,873.00		

To compute the cost neutrality formula, add the actual D (section II.B.1) plus the actual D' (section III) on the HCFA-372(s). The sum of D plus D' must be less than or equal to the sum of the estimated G plus G' in the approved waiver request.

*If D + D' is greater than G + G', attach an explanation to Form HCFA-372(s) with documentation to support revision of G and or G'.

V. Other Required Data

- A. 1. Total days of waiver coverage: 202,324
2. Average length of stay of waiver coverage by level of care: 268
(Total days of coverage divided by line B.1. of section I)
- B. Attach a lag report for the previous year of this waiver (including renewals and replacements) or an explanation of why there is no lag report.
- C. Impact of the waiver on the health and welfare of the recipients. Complete items 2 through 7 only if you are submitting an initial report.

Assurances: (Please check)

- ☐ 1. Assurances were submitted with the initial report.

Documentation: (Please check and attach)

- ☒ 2. All provider standards and health and welfare safeguards have been met and corrective actions have been taken where appropriate.
- ☒ 3. All providers of waiver services were properly trained, supervised, and certified and/or licensed, and corrective actions have been taken where appropriate.
- ☒ 4. Attached is a brief description of the process for monitoring the safeguards and standards under the waiver.

STATE ORGANIZATION AND GENERAL ADMINISTRATION
Annual Report on Home and Community-Based Services Waivers

State: UTAH

Reporting Period: 07/01/2005 - 06/30/2006

Waiver Number: 0247.02

Level/s of Care in Approved Waiver: NF

Page 4 of 4

Findings of Monitoring: (Please check and attach documentation if appropriate).

- ☐ 5. No deficiencies were detected during the monitoring process; or
- ☒ 6. Deficiencies were detected. Attached is a summary of the significant areas where deficiencies were detected, (Note: Individual reports or assessment forms for waiver individuals and/or providers disclosing deficiencies and which document the summary, are not necessary); and
- ☒ 7. Attached is an explanation of how these deficiencies have been, or are being corrected as well as an explanation of what steps have been taken to ensure that the deficiencies do not recur.

Certification: I do certify that the information shown on the Form HCFA 372(s) is correct to the best of any knowledge and belief.

Signed:

Title: Director, Division of Health Care Financing

Date:

Contact Person: Jason StewartTelephone Number: (801) 538-9144

Annual Report on Home and Community-Based Services Waivers

(Instructions for completing this form are found in Section 2700.6 of the State Medicaid Manual)

State: **UTAH**Department of Health and Human Services
Health Care Financing Administration
Forms Approved QMB No. 0938-0272
Expires: February 28, 1998Reporting Period: **07/01/2004 - 06/30/2005**Waiver Number: **0247.02**Waiver Year: Renewal Year: **5**Waiver Title: **Waiver for Individuals age 65 and over**Report Type: **Lag**Level/s of Care in Approved Waiver: **NF**

Page 1 of 4

I. Annual Section 1915(c) Waiver Expenditures

- A. HCFA approved section 1915(c) waiver services recipients
-
- (Specify each service as in the approved waiver.)

A.1	Adult Companion Services	98
A.2	Adult Day Health Services	65
A.3	Chore Services	63
A.4	Environmental Accessibility Adaptations	21
A.5	Home Delivered Supplemental Meals	169
A.6	Homemaker Services	570
A.7	Medication Reminder Service	17
A.8	Personal Attendant Services	71
A.9	Personal Emergency Response System	498
A.10	Respite Care	33
A.11	Respite Care Services	62
A.12	Specialized Medical Equipment	292
A.13	Supportive Maintenance Home Health Aid	71
A.14	Transportation Services	58
A.15	Waiver Case Management Services	758
A.16		
A.17		
A.18		
A.19		
A.20		

- B. Total Unduplicated Section 1915(c) waiver recipients served

774

STATE ORGANIZATION AND GENERAL ADMINISTRATION
Annual Report on Home and Community-Based Services Waivers

State: UTAH

Reporting Period: 07/01/2004 - 06/30/2005

Waiver Number: 0247.02

Level/s of Care in Approved Waiver: NF

Page 2 of 4

II. Annual Section 1915(c) Waiver Expenditures

- A. Total HCFA approved section 1915(c) waiver services expenditures
(Specify each service as in the approved waiver.) \$3,396,136.18

A.1	Adult Companion Services	\$69,863.72
A.2	Adult Day Health Services	\$257,822.67
A.3	Chore Services	\$7,096.00
A.4	Environmental Accessibility Adaptations	\$4,620.45
A.5	Home Delivered Supplemental Meals	\$36,583.67
A.6	Homemaker Services	\$1,207,983.29
A.7	Medication Reminder Service	\$9,520.29
A.8	Personal Attendant Services	\$488,309.49
A.9	Personal Emergency Response System	\$122,794.73
A.10	Respite Care	\$43,697.30
A.11	Respite Care Services	\$158,107.38
A.12	Specialized Medical Equipment	\$44,271.54
A.13	Supportive Maintenance Home Health Aid	\$131,422.13
A.14	Transportation Services	\$45,969.21
A.15	Waiver Case Management Services	\$768,074.31
A.16		
A.17		
A.18		
A.19		
A.20		

- B. Average per capita Section 1915(c) waiver services expenditures
(Actual Factor D value/s) \$4,387.77

- III. Average per capita annual expenditures for all other Medicaid services to waiver recipients including home health, personal care, adult day health and expanded EPSDT service expenditures (Actual Factor D' values)** \$7,064.84

State: UTAH

Reporting Period: 07/01/2004 - 06/30/2005

Waiver Number: 0247.02

Level/s of Care in Approved Waiver: NF

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IV. 1915(c) Waiver Cost-Neutrality Formula

$$D + D' \leq G + G'$$

$$\begin{array}{rccccccc} \$4,387.77 & + & \$7,064.84 & \leq & \$27,182.00 & + & \$5,580.00 \\ & & \$11,452.61 & \leq & \$32,762.00 & & \end{array}$$

To compute the cost neutrality formula, add the actual D (section II.B.1) plus the actual D' (section III) on the HCFA-372(s). The sum of D plus D' must be less than or equal to the sum of the estimated G plus G' in the approved waiver request.

*If D + D' is greater than G + G', attach an explanation to Form HCFA-372(s) with documentation to support revision of G and or G'.

V. Other Required Data

- A. 1. Total days of waiver coverage: 198,145
2. Average length of stay of waiver coverage by level of care: 256
(Total days of coverage divided by line B.1. of section I)
- B. Attach a lag report for the previous year of this waiver (including renewals and replacements) or an explanation of why there is no lag report.
- C. Impact of the waiver on the health and welfare of the recipients. Complete items 2 through 7 only if you are submitting an initial report.

Assurances: (Please check)

- ☒ 1. Assurances were submitted with the initial report.

Documentation: (Please check and attach)

- ☐ 2. All provider standards and health and welfare safeguards have been met and corrective actions have been taken where appropriate.
- ☐ 3. All providers of waiver services were properly trained, supervised, and certified and/or licensed, and corrective actions have been taken where appropriate.
- ☐ 4. Attached is a brief description of the process for monitoring the safeguards and standards under the waiver.

STATE ORGANIZATION AND GENERAL ADMINISTRATION
Annual Report on Home and Community-Based Services Waivers

State: UTAH

Reporting Period: 07/01/2004 - 06/30/2005

Waiver Number: 0247.02

Level/s of Care in Approved Waiver: NF

Page 4 of 4

Findings of Monitoring: (Please check and attach documentation if appropriate).

- ☐ 5. No deficiencies were detected during the monitoring process; or
- ☐ 6. Deficiencies were detected. Attached is a summary of the significant areas where deficiencies were detected, (Note: Individual reports or assessment forms for waiver individuals and/or providers disclosing deficiencies and which document the summary, are not necessary); and
- ☐ 7. Attached is an explanation of how these deficiencies have been, or are being corrected as well as an explanation of what steps have been taken to ensure that the deficiencies do not recur.

Certification: I do certify that the information shown on the Form HCFA 372(s) is correct to the best of any knowledge and belief.

Signed:

Title: Director, Division of Health Care Financing

Date:

Contact Person: Jason StewartTelephone Number: (801) 538-9144

Aging Waiver Quality Assurance Monitoring Activities FY 2006

FY 2006 Annual Review

The FY 2006 Review of the Aging Waiver focused on the assurances of Financial Accountability and Plans of Care. Participant information related to claims data and plans of care from FY 2006 was examined to determine compliance with aspects of these assurances. The findings of the review resulted in no systematic deficiencies. However, there were five issues for which corrective action was required. The deficiencies and corrective actions are listed below.

Assurance: Financial Accountability

Deficiency (non systemic): Inaccurate billing for services

- The Aging Waiver was billed for a service that should have been billed to the state plan.
- The Aging Waiver was billed for a service that was not listed on the Plan of Care.

Corrective Action

- The Aging Waiver operating agency (DAAS) will work with the providers to correct the billing errors. If the errors can not be corrected, a recoupment of funds will occur. DAAS will continue to provide ongoing training and education of providers to ensure accurate billing for services. DAAS also conducts annual financial audits of providers to ensure accuracy in financial management and billing and engages in any corrective actions necessary to improve provider quality in this area.

Sustainability

These issues will be included in the FY 2007 Review of the Aging Waiver to assure that there is no significant increase with respect to these issues.

Assurance: Plans of Care

Deficiency (non systemic): Incomplete Plans of Care

- The "amount/frequency" section language was non-specific on some plans.
- "Services Ordered" language was not always listed by State Implementation Plan service name.

Corrective Action

- DAAS is providing ongoing training to new and existing case managers on using specific frequency and amount language and using specific service names as listed in the State Implementation Plan. DAAS is making progress as there were noticeable improvements from older plans to newer plans.

Sustainability

These issues will be included in the FY 2007 Review of the Aging Waiver to assure that there is no significant increase with respect to these issues.

Other Quality Assurance Activities

- Follow Up to the Aging Waiver FY 2005 Quality Assurance Review: The FY 2005 Aging Waiver Review identified issues that required correction by the Division of Aging and Adult Services (DAAS). Following are the activities that have been accomplished.

- Participants are informed of all Aging Waiver Services: The Home and Community Based Waiver for the Elderly tri-fold was updated and is distributed to all Aging Waiver applicants during the intake process. This document contains all the services that are available and contained in the revised Aging Waiver State Implementation Plan (July 1, 2005). The updated tri-fold was approved prior to use by the LTCB.
 - Provider Choice Forms: Provider Choice Forms for each case management agency were updated to include all available choices for all traditional Medicaid Waiver providers. The updated Provider Choice Forms were approved prior to use by the LTCB.
 - Community Integration/Inclusions: During the assessment process, the AAA's are identifying companion services as a need for more individuals. This service helps individuals access their community. There has been an increased need for this service in the more rural areas. AAA's are also identifying more family or friends to help provide for social needs.
 - Case worker documentation improvement, San Juan County: The Aging Waiver Nurse Coordinator worked with the San Juan case manager on an individualized basis to improve documentation. The documentation has improved and meets expectations.
- Quality Contract: The DHCF/LTCB continues to have a Quality Contract with the Bureau of Health Facility Licensure, Certification and Resident Assessment. This agency of the Department of Health licenses all health care facilities in Utah. The contract stipulates that during annual on-site inspections the Bureau of Licensing will include in their review sample HCBS clients who have been identified by the DHCF/LTCB as receiving services by a licensed health care provider. When concerns are identified by the Bureau of Licensing, the DHCF/LTCB designee is contacted and follows up with the appropriate waiver case management agency for resolution. Quarterly meetings were held with the Bureau staff to develop protocols to implement Home Health Agency reviews as a component of the contract. Implementation of this section of the contract significantly increases the number of Home Health Agency reviews that are conducted by the Health Department on an annual basis. This is an additional component to the monitoring activities of the DHCF/LTCB to assure qualified providers (home health agencies in particular) and the health and welfare of waiver participants. In addition, training of licensors by the LTCB was conducted.
 - MDS-HC Assessments: The LTCB reviewed 100% of the MDS-HC assessments conducted by the Aging waiver. The assessments were sent to the DHCF/LTCB where social security numbers, Medicaid numbers and the counties where the individuals live were checked for accuracy. When inaccurate information was identified, DAAS was contacted to make the corrections. The assessment information was entered in the DHCF/LTCB data base.
 - Disenrollments: The DHCF/LTCB reviews and approves or disapproves all non-routine involuntary disenrollments from the Aging Waiver. This quality monitoring activity assures that the disenrollments are appropriate and that appropriate discharge

planning has taken place. The LTCB reviewed and approved four non-routine involuntary disenrollments during FY'06.

- Two individuals were disenrolled because they no longer met level of care requirements due to improvement in their medical conditions and ADL performance. Each of these individuals had a transition plan that provided a safe and orderly discharge from the waiver and assisted them in accessing other community resources and/or state plan benefits to meet their ongoing needs.
- Two individuals were disenrolled because the waiver could no longer assure their health and safety. Both of individuals transitioned into a LTC-MC Program that would better meet their needs.
- Quarterly Meeting with DAAS: The LTCB and DAAS have established quarterly meetings in order to discuss issues related to the implementation of the Aging Waiver. This quality assurance initiative has been very beneficial in facilitating positive communication between the LTCB and DAAS.